

Schedule of Benefits

Corner Dental – Patient's Choice Dental Plan

Effective 3-1-17

ALL services must be rendered by a Corner Dental provider, or no benefit will be paid!!!

Administered by Not For Profit Benefit Alliance, (NFP)

Address: 701 Adams Street, Suite 850, Toledo, OH 43604

Phone Number: 1-877-934-4272 or (419) 244-0135

Aid To Preventive Dentistry

Covered 100% up to the negotiated network reimbursement No Deductible Required
No deductible is required, but cost of services are applied to the annual maximum.

- Prophylaxis (Cleaning) - 2 per benefit period
- Topical Fluoride - 2 per benefit period (up to age 19)
- Oral Exam - 2 per benefit period
- Bite-wing X-ray - 1 per benefit period
- Full Mouth X-rays – once every 60 months
- Sealants on permanent molars – once every 36 months (up to age 16)
- Space Maintainers

Basic Restorative Treatments

Covered 80% up to the negotiated network reimbursement Deductible Required
Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Denture and bridge repair
- Fillings
- Simple Extractions
- Emergency Treatment - Temporary relief of pain
- Oral Surgery and complex extractions
- Periodontal Cleaning
- Periodontal Therapy and surgery (gum disease)
- Endodontic Therapy and surgery (root canal)
- Injections
- Anesthesia and sedation

Major Restorative Treatments

Covered 70% up to the negotiated network reimbursement Deductible Required
Deductible is required and cost of services are applied to the annual maximum.

Includes, but is not limited to:

- Inlays and crowns
- Dentures, full or partial
- Replacement or addition of teeth
- Implants
- Bridges, fixed and removable dentures or bridgework

ORTHODONTIA SERVICES ARE NOT COVERED!

(Over)

Deductibles and Maximums

Annual Deductible: \$25 per Single
\$75 per Family

(No more than \$25 is applied to one family member)

Annual Maximums: \$1000 per person *per benefit period*

Benefit Period: (March 1, 2016 – February 28, 2017)

Predetermination

If treatment is expected to cost in excess of \$200, a *predetermination* or an estimate of the dentist's charges should be sent to Not For Profit Benefit Alliance (NFP) **before** treatment begins. This procedure is explained in the Lucas County Dental Benefit Plan Document.

UCR=Usual, customary and reasonable charge

This information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Lucas County Benefit Plan Certificate of Coverage" if further clarification is needed. In the event of a conflict between this information and the "Lucas County Dental Benefit Plan Certificate of Coverage" the Certificate shall control.